



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT STATEMENT

I hereby acknowledge receipt from **California Veterans Home** of a copy of its Notice of Privacy Practices for PHI effective on the date set forth above.

RESIDENT:

(Printed or typed name)

(Signature)

Date: _____

RESIDENT'S PERSONAL REPRESENTATIVE:

(If signed on resident's behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Resident: _____

VETERANS FIRST